

4th - 8th Grade Basketball Leagues



2014



Salina
Parks & Recreation

2015



The Salina Parks & Recreation Department is offering Youth Basketball Leagues for students in 4th through 8th grades. Previous leagues have been separated with a 4th-5th grade league & a 6th-8th grade league (predominately participated by boys, but girls are encouraged to participate as well). **Each participant must attend ONE of the THREE mandatory skill assessments at Lakewood Middle School tentatively scheduled for: Saturday, October 25 (9am-Noon); Monday, October 27 or Tuesday, October 28, 6:30-8:30.** Players may show up anytime between the scheduled time. Actual assessment takes approx. 1/2 hour. This assessment is mandatory to judge ability to ensure teams are drafted as evenly as possible. Teams will practice once or twice/week from early November - late January (3 months of practice total). Night(s) of practice determined by coach/facility availability. Teams will play two league games every Saturday: December 6, 13, 20, January 3, 10, 17, and 24th with a post-season tournament Jan. 31 & Feb. 1 (14-16 games total). All games will be held within the City of Salina in a USD 305 facility. The Salina Parks & Recreation Department will provide all equipment (including shirts). All participants who would like to play Youth Basketball should fill out the form below and return it to the Parks & Recreation office no later than the **deadline: Friday, October 24.** Please enclose the **\$70.00** participation fee with this form. After the deadline, 8th Graders not making their respective middle school team may sign up as well if spots still available.

Return To: **Salina Parks & Recreation Department**
300 W. Ash, Rm. #100
Salina, KS 67401

309-5765
www.salina-ks.gov/ParksandRecreation

Registration Deadline: Friday, October 24

Participant's Name: _____ Address: _____

City, State, Zip: _____ Birth Date: ____ / ____ / ____ Ht: ____' ____"

Phone: (cell) _____ (home/work) _____ Grade (2014-15): ____ Male / Female (circle one)

T-Shirt Size (Adult Sizes): YM YL AS AM A L AXL AXXL School: _____

Participants E-mail Address: _____

Name(s) of Parent/Guardian/Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Special Instructions (medical problems or needs that should be brought to coaches' attention, etc.): _____

<u>CIRCLE ONE</u>				
A) Please rank your child on his or her athletic/basketball ability. (1) being the highest				
1	2	3	4	5
B) # of years played organized basketball?				
1	2	3	4 or more	

Would you or someone you know be a good coach? If you're good with kids, and have a clean background, that is all it takes.

(COACHING RESOURCES AND CLINICS PROVIDED) Night(s) of practice determined by coach's availability.

Name of person that would be interested in coaching: _____

Phone: _____ Work Phone: _____ email (if available) _____

Coaches Meeting: Wednesday, October 29, 6:30 p.m., Room 107, City/Co. Building

ANNUAL PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION FORM MUST BE SIGNED BY A PARENT/GUARDIAN AT THE TIME OF REGISTRATION. IF MAILED IN, A FORM WILL BE SENT TO YOU TO SIGN AND RETURN.

Scholarship forms are available at the Parks & Recreation Office, 300 W. Ash and must be approved PRIOR to the registration deadline. "These materials are neither sponsored nor endorsed by the Board of Education of U.S.D. 305, the superintendent or this school."

OFFICE USE ONLY!! AMT PAID: \$ _____ DATE PAID: ____ / ____ /14 INITIALS: _____